

<b>Case Number:</b>	CM14-0181423		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who reported an injury on 08/24/2013. The mechanism of injury was not provided. His diagnoses were noted to include low back pain and L4-S1 retrolisthesis and degenerative disc disease with moderate foraminal stenosis as well as right foot injury. His past treatments were noted to include exercise, physical therapy, and medications including Norco. The injured worker was noted to have pain to his lumbar spine, bilateral knees, bilateral hips, bilateral ankles, and right foot, which he rated a 7/10. He reported that his pain went from 7/10 to 1/10 after taking medications. Upon physical examination, it was noted that he had diffuse paraspinal tenderness and spasm to his lumbar spine. The injured worker was noted to have been taking Norco twice a day as needed. The treatment plan was noted to include physical therapy, a urine toxicology screen, Keratek analgesic gel, and Norco 10/325 mg #120. A request was received for Keratek analgesic gel to the lumbar spine to maintain the patient's painful symptoms and restore activity levels, as well as a request for Norco 10/325mg for pain. The Request for Authorization was signed on 09/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Kera tek analgesic gel to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105;111.

**Decision rationale:** The request for Kera tek analgesic gel to the lumbar spine is not medically necessary. According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, topical analgesics are recommended for neuropathic pain after a trial of antidepressants and anticonvulsants have failed. The guidelines also state that when any one compound in a compounded product is not recommended, the entire compound is then not recommended. Keratek gel is a topical analgesic that contains Menthol 16% and Methyl Salicylate 28%. Topical salicylate is recommended by the guidelines, as it is significantly better than placebos in chronic pain. It was noted that the injured worker denied having radicular pain, though it was also noted that he had pain to his lumbar spine and bilateral lower extremities, which indicates radiating pain. However, it was not noted in the clinical documentation that he had failed a trial of antidepressants and anticonvulsants. In the absence of documentation supporting that he had failed anticonvulsants and antidepressants, the request is not supported by the evidence based guidelines. Additionally, the request does not specify the duration or frequency of use for the medication. As such, the request is not medically necessary.

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary. According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. It was noted the injured worker had a significant reduction in pain due to his medications. However, it was not noted if he had any adverse side effects to using the medication or an increase in function, nor was there a urine drug screen noted to test his medication compliance. In the absence of objective findings regarding his ADLs, adverse side effects, and aberrant drug taking behavior, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request is not medically necessary.